

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 890177	RECEIPT DATE:	07 / 27 / 01
IA NUMBER:	PCT/ US98 / 20478	IA FILING DATE:	10 / 05 / 98
FAMILY NAME:	WILLIAMSON	DELAY WAIVED (Y/N):	N
GIVEN NAME:	WARREN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	00 / 00 / 00
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	BIOP-02	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000 TELEPHONE 00000000000
			FAX
NAME:	KEVIN G ROONEY		
	WOOD HERRON & EVANS		
STREET:	2700 CAREW TOWER		
	441 VINE STREET		
CITY:	CINCINNATI		
STATE/COUNTRY:	OH	ZIP:	45202
EMAIL:			
APPLICATION TITLES:			
	APPARATUS AND METHOD FOR HARVESTING AND HANDLING TISSUE SAMPLES FOR		
	BIOPSY ANALYSIS		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 7549

SERIAL NUMBER 09/890,177	FILING DATE 07/27/2001 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. BIOP-02
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APPLICANTS

Warren Williamson, Loveland, OH;
Stephen Whittlatch, Cincinnati, OH;
Dominic DiNovo, Columbus, OH;
Douglas Allen, Lyons, CO;
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**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/US98/20478 10/05/1998

**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 69	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Wood Herron & Evans
441 Vine Street
2700 Carew Tower
Cincinnati, OH 45202

TITLE

Apparatus and method for harvesting and handling tissue samples for biopsy analysis

FILING FEE RECEIVED 1139	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit